

Office of Telecommunications Management
Voice Messaging Disconnect or Change Form (OTM-8)

SUBSCRIBER INFORMATION

| | |
|--|---|
| Subscriber's Phone Number () _____ | Agency _____ |
| Mailbox Number () _____ (if different from phone number) | Billing Account Unit _____ |
| User Name _____ print- last, first | Site Contact _____ print- last, first |
| E-Mail Address _____ optional | Contact's Phone # () _____ |

REQUESTED ACTION

Check all that apply:

☐ **Disconnect Voice Mail (please complete A and B below):**

A. If other numbers forward (call forward busy or don't answer) to this line, please list them here:

B. Forwarding on this number will be discontinued when the voice mail is disconnected. If you wish this number to forward to another number please indicate here:

Call forward on busy to: _____

Call forward on don't answer to: _____

☐ **Change Class of Service:** New mailbox type is: _____

☐ **Subscriber Name Change:** New user name is: _____

*If training material is needed, please supply user's email address.

*If a Password Reset is needed, agency must submit an OTM-9 instead of OTM-8

☐ **Exit Out Change:** New exit out number is: _____

☐ **Other:** Please explain: _____

APPROVAL

All requests must have the Agency Telecommunications Coordinator or OTM Project Manager's signature. Upon completion, Fax to 225-342-7757, or mail to: OTM Customer Service Section; Post Office Box 94280; Baton Rouge, LA 70804-9280.

| | | |
|------------------|-------------|---------------------|
| _____ | _____ | _____ |
| <i>Requestor</i> | <i>date</i> | <i>phone number</i> |

| | | |
|--|-------------|---------------------|
| _____ | _____ | _____ |
| <i>TC or OTM Project Manager signature</i> | <i>date</i> | <i>phone number</i> |

For OTM use only

| | | |
|------------------------|--------------------|----------------------------|
| Add Cat Code(s): _____ | ECAS CFB to: _____ | Entered in Database: _____ |
|------------------------|--------------------|----------------------------|

| | | |
|-------|---------------------|-------------|
| _____ | ECAS CFDA to: _____ | Date: _____ |
|-------|---------------------|-------------|

| | | |
|-------|---------------------|-------------------------|
| _____ | No. of Rings: _____ | OTM Project Code: _____ |
|-------|---------------------|-------------------------|

| | | |
|------------------------|--------------------|--|
| Message Waiting: _____ | Exit out to: _____ | |
|------------------------|--------------------|--|

| | |
|--------------------------------------|-----------------|
| Remove Cat Code(s): _____ Qty: _____ | Comments: _____ |
|--------------------------------------|-----------------|

| | |
|------------------|-------|
| _____ Qty: _____ | _____ |
|------------------|-------|

| | |
|------------------|-------|
| _____ Qty: _____ | _____ |
|------------------|-------|